NOTICE OF FORM CHANGE NO. 05-012				DATE
				01-13-2005
TO: County Welfare Director Supply Clerk / Forms Coordinator			FROM: Forms Manageme (916) 657-1907	nt Unit
☐ Community Care Licensing District Offices ☐ Private and Public Adoption Agencies			District Attorney Other	
Listed below is information re	garding a form change. On	ly applica	ble information is shown.	
This notice updates your Dep	artment of Social Services	County F	orms Catalog.	
FORM NUMBER AND TITLE FS 22 (12/03) English and Spanish Applying For Food Stamp Benefits				
ORDER UNIT	Free Sold		INITIAL SUPPLY SENT ☐ Yes ☐ No	
☐ New ☐ Revised	DATE OF FORM	REPLACES		
REQUIRED FORM-	REQUIRED FORM-			
☐ No Change Permitted ☐ Substitute Permitted With Prior DSS Approval ☐ Recommended Form				
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788				
FORMS DISPOSITION AND SPECIAL INSTRUCTIONS				
DISPOSITION OF OLD SUPPLY Use until exhausted			stroy	
USE NEW FORM When supply available in DSS Warehouse Use new form effective				
USE FORM IN ACCORDANCE WITH All County Letter No.				
Other (specify) ACIN I-30-04				
ADDITIONAL INFORMATION REGARDING FO	RM CHANGE			

FS 22 English and Spanish is replaced by the FS 22 QR.

Stated in the ACIN letter I-30-04, counties can make the minor changes to the form FS 22 and use up stock. Once the FS 22s are used up start using the FS 22 QR.